

BUILDING PERMIT APPLICATION**City of Aransas Pass P.O. Box 2000 Aransas Pass TX 78335 361-758-5415**

Job _____

Address _____

Legal Description	Lot	Block	Subdivision
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Owner's Name	Address	City, Zip	Phone
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Contractor's Name	Address	City, Zip	Phone
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Architect or Designer	Address	City, Zip	Phone
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Engineer's Name	Address	City, Zip	Phone
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Describe Work to be Done _____

Will work be inspected for compliance with Windstorm regulations? If yes, write name of Engineering Firm and phone number, or Windstorm.

YES NO

Has an asbestos survey been done that meets the regulatory requirements? YES____NO____

Value of Work: \$ _____

FOR OFFICE USE

This permit becomes null and void if construction work authorized is not commenced within 6 months or if the work is suspended or abandoned for a period of 6 months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Type of Construction Occupancy Group Division

Size of Building No. of Stories Max. Occup. Load

Fire Zone Use – Zone Sprinklers Required

No. of Dwelling Units Offstreet Parking Spaces:
Covered:_____ Uncovered:_____

Dept: Initials Approval Deny Date .

Public Works _____.

Fire Dept. _____.

Other (Specify) _____.

Permit Amount _____.

Plan Check Fee: TOTAL PERMIT FEE: _____.

Signature of Contractor or Authorized Agent _____

Date _____